

Workshop Notification Form for Educational Surrogate Workshop

1. Please fill out form
2. Mail or Fax form to:

Educational Surrogate Program
Special Education Compliance
Department of Elementary & Secondary Education
P.O. Box 480
Jefferson City, MO 65102
Fax: 573-526-5946

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. (check one)		
First Name:		Last Name:
Address:		
City:	State:	Zip:
Home Phone:		Work Phone:
Workshop Date*:		
Preferred Location**:		

***NOTE:** Indicate the date of the workshop you are interested in attending from the list above. A confirmation letter will be sent to you upon receipt of your registration form.

****NOTE:** If no workshop is listed for your area or you are unable to attend any of the workshop(s) listed, please indicate what area of the state you would be able to attend a training (i.e., St. Louis, Kansas City, Jefferson City, Springfield, Cape Girardeau, Other). Your name will be added to our mailing list to receive notice of future workshops.

If you have special needs and/or require accommodations to attend training or for further information, please contact us. Efforts will be made to accommodate those needs. Reasonable expenses to attend the training (mileage, meals, parking, etc.) will be reimbursed.
